

<b>FORM B1</b>		<b>United States Bankruptcy Court</b> Northern District of Illinois		<b>Voluntary Petition</b>																						
Name of Debtor (if individual, enter Last, First, Middle): <b>Smith, Blair Lamont</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Anderson-Smith, Yvonne Natasha</b>																							
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): <b>Yvonne Smith, Yvonne Anderson</b>																							
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-8418</b>			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-2304</b>																							
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>241 Duke Drive Lynwood, IL 60411</b>			Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>241 Duke Drive Lynwood, IL 60411</b>																							
County of Residence or of the Principal Place of Business: <b>Cook</b>			County of Residence or of the Principal Place of Business: <b>Cook</b>																							
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																							
Location of Principal Assets of Business Debtor (if different from street address above):																										
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>																										
<b>Venue</b> (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																										
<b>Type of Debtor</b> (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank			<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13																							
<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																							
<b>Chapter 11 Small Business</b> (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																										
<b>Statistical/Administrative Information</b> (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses will be no funds available for distribution to unsecured creditors.																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Estimated Number of Creditors</th> <th>1-15</th> <th>16-49</th> <th>50-99</th> <th>100-199</th> <th>200-999</th> <th>1000-or more</th> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>						Estimated Number of Creditors	1-15	16-49	50-99	100-199	200-999	1000-or more		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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U.S. Bankruptcy Court  
Northern District Of Illinois

**Filed: 10/19/2004**  
**Time: 16:14:59**  
**Debtor: BLAIR LAMONT SMITH**  
**Case: 04-38869**      **Fee: 194**  
**Chapter: 13**      **Rec. #: 3106977**  
**Judge: Carol Doyle**  
**341 mtg: 11/22/2004 @ 02:30PM**  
**ConfHrg: 12/09/2004 @ 11:00AM**  
**Trustee: MARILYN MARSHALL**



1:04BK38869-BK001

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>Smith, Blair Lamont</b> <b>Anderson-Smith, Yvonne Natasha</b>	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed: <b>Northern District of Illinois</b>		Case Number: <b>01-16410</b>	Date Filed: <b>5/04/01</b>
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: <b>- None -</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u><i>Blair Smith</i></u> Signature of Debtor <b>Blair Lamont Smith</b>  <b>X</b> <u><i>Yvonne N. Anderson-Smith</i></u> Signature of Joint Debtor <b>Yvonne Natasha Anderson-Smith</b>  Telephone Number (If not represented by attorney) <u>10/8/04</u> Date		<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.  <b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. <b>X</b> <u><i>William K. Murphy</i></u> <u>10-15-04</u> Signature of Attorney for Debtor(s) Date <b>Murphy, William K. 6272766</b>  <b>Exhibit C</b> Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No	
<b>X</b> <u><i>William K. Murphy</i></u> Signature of Attorney for Debtor(s) <b>Murphy, William K. 6272766</b> Printed Name of Attorney for Debtor(s) <b>Law Offices of Peter Francis Geraci</b> Firm Name <b>55 East Monroe St. Suite 3400</b> <b>Chicago, IL 60603-5710</b> Address <b>Email: ndil@geracilaw.com</b> <b>312.332.1800 Fax: 312.332.6354</b> Telephone Number <u>10-15-04</u> Date		<b>Signature of Non-Attorney Petition Preparer</b> I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.  Printed Name of Bankruptcy Petition Preparer  Social Security Number (Required by 11 U.S.C. § 110(c).)  Address  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  <b>X</b> _____ Signature of Bankruptcy Petition Preparer  Date  A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.	
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Authorized Individual  Printed Name of Authorized Individual  Title of Authorized Individual  Date			

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Blair Lamont Smith,**  
**Yvonne Natasha Anderson-Smith**

Debtors

Case No. \_\_\_\_\_

Chapter 13

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	AMOUNTS SCHEDULED		
			ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	20,000.00		
B - Personal Property	Yes	3	19,057.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		23,585.00	
E - Creditors Holding Unsecured Priority Claims	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	6		14,948.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			3,147.78
J - Current Expenditures of Individual Debtor(s)	Yes	1			2,617.51
Total Number of Sheets of ALL Schedules		17			
Total Assets			39,057.00		
Total Liabilities				38,533.00	

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. (See Schedule D.) If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Mobile Home located at 241 Duke Drive, Lynwood IL 60411 (Debtor's residence, will be paid directly by Debtors.)	Fee simple	J	20,000.00	9,103.00

Sub-Total > **20,000.00** (Total of this page)

Total > **20,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Barik Financial checking acctnt</b>	<b>W</b>	<b>10.00</b>
		<b>Credit Union One checking acctnt</b>	<b>J</b>	<b>25.00</b>
		<b>Credit Union One savings account</b>	<b>J</b>	<b>15.00</b>
		<b>S&amp;C Credit Union savings acctnt</b>	<b>J</b>	<b>50.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Used Household Good Including: Stereo, TV, Couch, CD Player, Bedroom Furniture, Table and Chairs, dishes, utensils, entertainment center.</b>	<b>J</b>	<b>800.00</b>
		<b>Aronson - furniture</b>	<b>J</b>	<b>750.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Fanily Pictures and Books.</b>	<b>J</b>	<b>40.00</b>
6. Wearing apparel.		<b>Necessary Wearing Apparel - Used Clothing.</b>	<b>J</b>	<b>450.00</b>
7. Furs and jewelry.		<b>Various pieces of Costume Jewelry - Watch, Ring, Earrings, No single piece of jewerly over \$600 in value.</b>	<b>J</b>	<b>150.00</b>
8. Firearms and sports, photographic, and other hobby equipment.		<b>Digital camera</b>	<b>J</b>	<b>50.00</b>

Sub-Total > **2,340.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B. PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Term Life Insurance - No Cash Surrender Value</b>	-	<b>0.00</b>
10. Annuities. Itemize and name each issuer.	<b>X</b>			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.		<b>401(k) w/ Employer - 100% exempt</b>	<b>H</b>	<b>3,500.00</b>
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
13. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
15. Accounts receivable.	<b>X</b>			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.	<b>X</b>			
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	<b>X</b>			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			

Sub-Total > **3,500.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached  
to the Schedule of Personal Property

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B. PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Market Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
21. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
22. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>CPS Auto Trust - 2002 Ford Explorer XLTw/ more than 69k miles.</b>	<b>J</b>	<b>12,817.00</b>
		<b>1989 Saab 9000 CD</b>	<b>J</b>	<b>400.00</b>
24. Boats, motors, and accessories.	<b>X</b>			
25. Aircraft and accessories.	<b>X</b>			
26. Office equipment, furnishings, and supplies.	<b>X</b>			
27. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
28. Inventory.	<b>X</b>			
29. Animals.	<b>X</b>			
30. Crops - growing or harvested. Give particulars.	<b>X</b>			
31. Farming equipment and implements.	<b>X</b>			
32. Farm supplies, chemicals, and feed.	<b>X</b>			
33. Other personal property of any kind not already listed.	<b>X</b>			

Sub-Total > **13,217.00**  
(Total of this page)  
Total > **19,057.00**

Sheet **2** of **2** continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

[Check one box]

- ☐ 11 U.S.C. §522(b)(1): Exemptions provided in 11 U.S.C. §522(d). Note: These exemptions are available only in certain states.
- ☒ 11 U.S.C. §522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Market Value of Property Without Deducting Exemption
<b>Real Property</b>			
Mobile Home located at 241 Duke Drive, Lynwood IL 60411 (Debtor's residence, will be paid directly by Debtors.)	735 ILCS 5/12-901	15,000.00	20,000.00
<b>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</b>			
Bank Financial checking acct	735 ILCS 5/12-1001(b)	10.00	10.00
Credit Union One checking acct	735 ILCS 5/12-1001(b)	25.00	25.00
Credit Union One savings account	735 ILCS 5/12-1001(b)	15.00	15.00
S&C Credit Union savings acct	735 ILCS 5/12-1001(b)	50.00	50.00
<b>Household Goods and Furnishings</b>			
Used Household Good Including: Stereo, TV, Couch, CD Player, Bedroom Furniture, Table and Chairs, dishes, utensils, entertainment center.	735 ILCS 5/12-1001(b)	800.00	800.00
<b>Books, Pictures and Other Art Objects; Collectibles</b>			
Family Pictures and Books.	735 ILCS 5/12-1001(a)	40.00	40.00
<b>Wearing Apparel</b>			
Necessary Wearing Apparel - Used Clothing.	735 ILCS 5/12-1001(a)	450.00	450.00
<b>Furs and Jewelry</b>			
Various pieces of Costume Jewelry - Watch, Ring, Earrings, No single piece of jewelry over \$600 in value.	735 ILCS 5/12-1001(b)	150.00	150.00
<b>Firearms and Sports, Photographic and Other Hobby Equipment</b>			
Digital camera	735 ILCS 5/12-1001(b)	50.00	50.00
<b>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</b>			
401(k) w/ Employer - 100% exempt	735 ILCS 5/12-704	0.00	3,500.00
<b>Automobiles, Trucks, Trailers, and Other Vehicles</b>			
CPS Auto Trust - 2002 Ford Explorer XLTw/ more than 69k miles.	735 ILCS 5/12-1001(c)	2,400.00	12,817.00
1989 Saab 9000 CD	735 ILCS 5/12-1001(b)	400.00	400.00



Case No. \_\_\_\_\_

## SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Total	23,585.00
(Report on Summary of Schedules)	

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925\* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

\*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

Form B6F  
(12/03)

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>12-4456408</b>  <b>Advocate Health Care</b> <b>Attn: Bankruptcy Dept.</b> <b>22393 Network Pl.</b> <b>Chicago, IL 60673</b>	<b>J</b>	<b>2004</b> <b>Medical/Dental Services</b>				<b>155.00</b>
Account No. <b>70875757989156</b>  <b>Allied Interstate</b> <b>Bankruptcy Department</b> <b>PO Box 361598</b> <b>Columbus, OH 43236-1598</b>	<b>J</b>	<b>2004</b> <b>Debt Owed</b>				<b>121.00</b>
Account No. <b>50223908261009000</b>  <b>Arnold Scott Harris, PC</b> <b>600 W. Jackson Blvd., Ste. 450</b> <b>Chicago, IL 60661</b>	<b>J</b>	<b>2002</b> <b>Credit card purchases</b>				<b>900.00</b>
Account No. <b>8013104</b>  <b>ATG Credit, LLC</b> <b>Bankruptcy Department</b> <b>PO Box 14895</b> <b>Chicago, IL 60614</b>	<b>J</b>	<b>2003</b> <b>Debt Owed</b>				<b>47.00</b>
Subtotal (Total of this page)						<b>1,223.00</b>

6 continuation sheets attached

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors  
**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>b4021099</b>  <b>Bud's Ambulance Service Bankruptcy Department PO Box 659 Dolton, IL 60419</b>		<b>J</b>	<b>2002 Medical/Dental Services</b>				<b>226.00</b>
Account No. <b>350-70-8418</b>  <b>Burke Costanza &amp; Cuppy LLP Attn: Bankruptcy Department 9191 Broadway Merrillville, IN 46410-7043</b>		<b>J</b>	<b>2003 Collection for Suk S. Lee, MD</b>				<b>495.00</b>
Account No. <b>19908</b>  <b>Cardiovascular Med. Assoc. Bankruptcy Department 2850 W. 95th St. Evergreen Park, IL 60462</b>		<b>J</b>	<b>2002 Medical/Dental Services</b>				<b>122.00</b>
Account No. <b>5012974655</b>  <b>City of Chicago Bureau Parking Bankruptcy Department 333 S. State St., Rm. 540 Chicago, IL 60604</b>		<b>J</b>	<b>2002 Fines</b>				<b>860.00</b>
Account No. <b>0866486017</b>  <b>ComEd Attn: System Credit/BK Dept 2100 Swift Dr. Oak Brook, IL 60523</b>		<b>J</b>	<b>2004 Utility Bills/Cellular Service</b>				<b>286.00</b>

Sheet no. 1 of 6 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) **1,989.00**

Form B6F - Cont  
(12/03)

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors  
**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>a464-0010489-11</b>  <b>Consultants in Clinical Path. Bankruptcy Department 37416 Eagle Way Chicago, IL 60678-1374</b>		<b>J</b>	<b>2004 Medical/Dental Services</b>				<b>9.00</b>
Account No. <b>96-706-730619</b>  <b>Doubleday Health Book Club Attn: Bankruptcy Department 6550 E. 30th St. Indianapolis, IN 46206</b>		<b>J</b>	<b>2004 Membership/Subscription</b>				<b>42.00</b>
Account No. <b>44322</b>  <b>Evergreen Anesthesia Bankruptcy Department 185 Penny Ave. East Dundee, IL 60118</b>		<b>J</b>	<b>2003 Medical/Dental Services</b>				<b>45.00</b>
Account No. <b>v1169-0467</b>  <b>Evergreen Emergency Services Bankruptcy Department PO Box 428080 Evergreen Park, IL 60805</b>		<b>J</b>	<b>2004 Medical/Dental Services</b>				<b>27.00</b>
Account No. <b>3261</b>  <b>Gerald Cahill M.D 2800 W. 87th St Chicago, IL 60652</b>		<b>J</b>	<b>2003-04 Medical Bills/Dental Services</b>				<b>1,100.00</b>

Sheet no. **2** of **6** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) **1,223.00**

Form B6F - Cont.  
(12/03)

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors  
**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>04-218-000J30354</b>  <b>Illinois Department of Human Servic 915 E 63d Street Chicago, IL</b>		J	<b>1994 Overpayment of benefits</b>				<b>1,418.00</b>
Account No. <b>350-70-8418</b>  <b>Illinois Dept of Emp. Security Bankruptcy Unit 401 S. State St. 3rd Floor Chicago, IL 60605</b>		J	<b>2003 Overpayment of Benefits</b>				<b>1,000.00</b>
Account No. <b>350-70-8418</b>  <b>Jewel Osco/US Bank NA, ND Attn: Bankruptcy Department PO Box 6345 Fargo, ND 58125-6345</b>		J	<b>2002 NSF Checks</b>				<b>233.00</b>
Account No. <b>660</b>  <b>KiDanu Birhanu, MD 2800 W. 87th St. Chicago, IL 60652</b>		J	<b>2003-04 Medical Bills/Dental Services</b>				<b>52.00</b>
Account No. <b>2935</b>  <b>Lake Imaging, Inc. PO 1370 Hinsdale, IL 60522</b>		J	<b>2004 Medical Bills/Dental Services</b>				<b>6.00</b>

Sheet no. 3 of 6 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) **2,709.00**

Form B6F - Cont  
(12/03)

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>v00010663326</b>  Little Company of Mary Hosp. Bankruptcy Department 2800 W. 95th St. Evergreen Park, IL 60642		J	2001 Medical/Dental Services				569.00
Account No. <b>3ha23585</b>  MCI Attn: Bankruptcy Dept. PO Box 7850 Baldwin Park, CA 91706		J	2004 Utility Bills/Cellular Service				73.00
Account No. <b>350-70-8418</b>  Plains Commerce Bank Bankruptcy Department 3401 N. Louise Ave. Sioux Falls, SD 57107-0175		J	2000-02 Credit Card or Credit Use				520.00
Account No. <b>31784</b>  Pulmonary Specialist Attn: Bankruptcy Department 1600 South Lake Park Avenue Hobart, IN 46342		J	2003 Medical/Dental Services				50.00
Account No. <b>2935</b>  Radiology Imaging Consultants Bankruptcy Department PO Box 1886 Harvey, IL 60426		J	Medical/Dental Services				0.00

Sheet no. **4** of **6** sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) **1,212.00**

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>2935</b>  <b>Radiology Imaging Specialists Bankruptcy Department 6910 S. Madison St. Willowbrook, IL 60527</b>		<b>J</b>	<b>2004 Medical/Dental Services</b>				<b>6.00</b>
Account No. <b>02m1-173286</b>  <b>Robert J. Adams &amp; Associates 125 S. Clark Ste 1810 Chicago, IL 60603</b>		<b>J</b>	<b>2002 Attorney Fees</b>				<b>888.00</b>
Account No. <b>350-70-8418</b>  <b>S &amp; C Credit Union 6601 Northridge Blvd. Chicago, IL 60626</b>		<b>J</b>	<b>2003 Unsecured loan</b>				<b>2,045.00</b>
Account No. <b>00181100</b>  <b>St. Clare Medical Center Attn: Bankruptcy Department 1710 Lafayette Rd. Crawfordsville, IN 47933</b>		<b>J</b>	<b>2004 Medical/Dental Services</b>				<b>105.00</b>
Account No. <b>0048232930</b>  <b>St. Margaret Mercy Bankruptcy Department 24 E. Joliet St. Dyer, IN 46311</b>		<b>J</b>	<b>2004 Medical/Dental Services</b>				<b>747.00</b>
Sheet no. <b>5</b> of <b>6</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal (Total of this page)</b>
							<b>3,791.00</b>



In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	
Account No. <b>2837</b>  <b>US Auto Title Lenders Bankruptcy Department 3578 W. 95th St. Evergreen Park, IL 60805-2107</b>		<b>J</b>	<b>2003 Deficiency, Repo'd, Surrendered Auto</b>				<b>2,967.00</b>	
Account No.								
Account No.								
Account No.								
Account No.								
Account No.								
Sheet no. <b>6</b> of <b>6</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>2,967.00</b>
							Total (Report on Summary of Schedules)	<b>15,114.00</b>

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described.

NOTE: A party listed on this schedule will not receive notice of the filing of this case unless the party is also scheduled in the appropriate schedule of creditors.

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE H. CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. In community property states, a married debtor not filing a joint case should report the name and address of the nondebtor spouse on this schedule. Include all names used by the nondebtor spouse during the six years immediately preceding the commencement of this case.

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

0 continuation sheets attached to Schedule of Codebtors

Form B61  
(12/03)

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Married	RELATIONSHIP dependent	AGE 13
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation	Machinist	disabled
Name of Employer	S&C Electric Co.	disabled
How long employed	5 years	
Address of Employer	6601 N. Ridge Rd Chicago, IL 60626	

INCOME: (Estimate of average monthly income)	DEBTOR	SPOUSE
Current monthly gross wages, salary, and commissions (pro rate if not paid monthly)	\$ 2,323.75	\$ 0.00
Estimated monthly overtime	\$ 0.00	\$ 0.00
<b>SUBTOTAL</b>	<b>\$ 2,323.75</b>	<b>\$ 0.00</b>
<b>LESS PAYROLL DEDUCTIONS</b>		
a. Payroll taxes and social security	\$ 453.96	\$ 0.00
b. Insurance	\$ 140.01	\$ 0.00
c. Union dues	\$ 0.00	\$ 0.00
d. Other (Specify) <u>Pension</u>	\$ 0.00	\$ 0.00
<u>Child Support</u>	\$ 0.00	\$ 0.00
<b>SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 593.97</b>	<b>\$ 0.00</b>
<b>TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 1,729.78</b>	<b>\$ 0.00</b>
Regular income from operation of business or profession or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Income from real property	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ 0.00	\$ 0.00
Social security or other government assistance (Specify) <u>Social Security</u>	\$ 0.00	\$ 923.00
<u>Disability Benefits</u>	\$ 0.00	\$ 495.00
Pension or retirement income	\$ 0.00	\$ 0.00
Other monthly income (Specify)	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
<b>TOTAL MONTHLY INCOME</b>	<b>\$ 1,729.78</b>	<b>\$ 1,418.00</b>
<b>TOTAL COMBINED MONTHLY INCOME</b>	<b>\$ 3,147.78</b>	

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

In re **Blair Lamont Smith,  
Yvonne Natasha Anderson-Smith**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

Rent or home mortgage payment (include lot rented for mobile home)	\$	<b>318.76</b>
Are real estate taxes included? Yes <u>X</u> No _____		
Is property insurance included? Yes _____ No <u>X</u>		
Utilities: Electricity and heating fuel	\$	<b>185.00</b>
Water and sewer	\$	<b>33.00</b>
Telephone	\$	<b>95.00</b>
Other <u>Lot Rent</u>	\$	<b>430.00</b>
Home maintenance (repairs and upkeep)	\$	<b>50.00</b>
Food	\$	<b>400.00</b>
Clothing	\$	<b>100.00</b>
Laundry and dry cleaning	\$	<b>35.00</b>
Medical and dental expenses	\$	<b>125.00</b>
Transportation (not including car payments)	\$	<b>195.00</b>
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<b>0.00</b>
Charitable contributions	\$	<b>100.00</b>
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$	<b>108.75</b>
Life	\$	<b>0.00</b>
Health	\$	<b>0.00</b>
Auto	\$	<b>175.00</b>
Other	\$	<b>0.00</b>
Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) _____	\$	<b>0.00</b>
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan.)		
Auto	\$	<b>0.00</b>
Other <u>Auto Repairs, Maintenance</u>	\$	<b>100.00</b>
Other <u>Personal Grooming, Care and Health Aids</u>	\$	<b>80.00</b>
Other <u>Magazines, Newspapers, Subscriptions</u>	\$	<b>10.00</b>
Alimony, maintenance, and support paid to others	\$	<b>0.00</b>
Payments for support of additional dependents not living at your home	\$	<b>0.00</b>
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<b>0.00</b>
Other <u>Postage, mailing</u>	\$	<b>12.00</b>
Other <u>Tuition, Books, School Supplies, Lessons</u>	\$	<b>65.00</b>
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$	<b>2,617.51</b>

### [FOR CHAPTER 12 AND 13 DEBTORSONLY]

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income	\$	<b>3,147.78</b>
B. Total projected monthly expenses	\$	<b>2,617.51</b>
C. Excess income (A minus B)	\$	<b>530.27</b>
D. Total amount to be paid into plan each <u>Monthly</u>	\$	<b>530.00</b>
(interval)		

**United States Bankruptcy Court  
Northern District of Illinois**

In re Blair Lamont Smith  
Yvonne Natasha Anderson-Smith Debtor(s) Case No. \_\_\_\_\_  
Chapter 13

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of  
18 sheets [total shown on summary page plus 1], and that they are true and correct to the best of my  
knowledge, information, and belief.

Date 10/8/2004

Signature Blair Smith  
**Blair Lamont Smith**  
Debtor

Date 10/8/04

Signature Yvonne N. Anderson-Smith  
**Yvonne Natasha Anderson-Smith**  
Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

Form 7  
(12/03)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Blair Lamont Smith**  
**Yvonne Natasha Anderson-Smith**

Debtor(s)

Case No.

Chapter

**13**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT  
**\$3,147.00**  
**\$29,771.00**  
**\$28,402.00**

SOURCE (if more than one)  
**2004 Income Year to Date (monthly)**  
**Gross Income for the year ending 2003**  
**Gross Income for the year ending 2002**

**2. Income other than from employment or operation of business**

None  
☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

### 3. Payments to creditors

- None ☒ a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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- None ☐ b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
<b>Barbara Anderson</b> <b>Calumet City, IL</b> <b>Sister</b>	<b>March 2004</b>	<b>\$3,000.00</b>	<b>\$0.00</b>

### 4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
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- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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### 5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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### 6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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#### 7. Gifts

None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
<b>CDC Ministries 5000 W. 79th St Burbank, IL</b>	<b>none</b>	<b>monthly tithe</b>	<b>\$100/month</b>

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>The Law Offices of Peter F. Geraci 55 East Monroe St. #3400 Chicago, IL 60603</b>	<b>2004 - By the Debtor</b>	<b>As listed on 2016B</b>

#### 10. Other transfers

None ☒ List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEEE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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### 11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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### 12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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### 13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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### 14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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### 15. Prior address of debtor

None ☐ If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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### 16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

# 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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# 18. Nature, location and name of business

- None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NO. (EIN)	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

#### 19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE ISSUED

#### 20. Inventories

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other basis)

None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
RECORDS

#### 21. Current Partners, Officers, Directors and Shareholders

None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

**22. Former partners, officers, directors and shareholders**

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23. Withdrawals from a partnership or distributions by a corporation**

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER
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**25. Pension Funds.**


None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the **six-year period** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER
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**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 10/08/2004

Signature   
Blair Lamont Smith  
Debtor

Date 10/8/2004

Signature   
Yvonne Natasha Anderson-Smith  
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re Blair Lamont Smith  
Yvonne Natasha Anderson-Smith

Debtor(s)

Case No.

Chapter

13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>2,700.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due <i>in plan</i>	\$	<u>2,700.00</u>

2. \$ 194.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☒ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. **Balance in plan.**

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

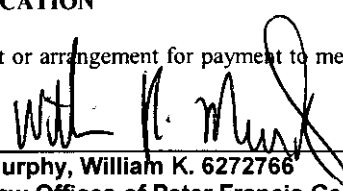
**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. Representation of the debtors for missed 341 meetings, 722 redemption proceedings or any other contested matter.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated:

10-15-04

  
**Murphy, William K. 6272766**  
**Law Offices of Peter Francis Geraci**  
**55 East Monroe St. Suite 3400**  
**Chicago, IL 60603-5710**  
**312.332.1800 Fax: 312.332.6354**  
**ndil@geracilaw.com**

Account Management Service  
Bankruptcy Department  
PO Box 19857  
Indianapolis, IN 46219

Advocate Health Care  
Attn: Bankruptcy Dept.  
22393 Network Pl.  
Chicago, IL 60673

Allied Interstate  
Bankruptcy Department  
PO Box 361598  
Columbus, OH 43236-1598

Arnold Scott Harris, PC  
600 W. Jackson Blvd., Ste. 450  
Chicago, IL 60661

Aronson Furniture  
Attn: Bankruptcy Department  
3401 W. 47th St.  
Chicago, IL 60632

ATG Credit, LLC  
Bankruptcy Department  
PO Box 14895  
Chicago, IL 60614

Bud's Ambulance Service  
Bankruptcy Department  
PO Box 659  
Dolton, IL 60419

Burke Costanza & Cuppy LLP  
Attn: Bankruptcy Department  
9191 Broadway  
Merrillville, IN 46410-7043

Cardiovascular Med. Assoc.  
Bankruptcy Department  
2850 W. 95th St.  
Evergreen Park, IL 60462

CB USA Inc.  
Bankruptcy Department  
PO Box 8000  
Hammond, IN 46325

City of Chicago Bureau Parking  
Bankruptcy Department  
333 S. State St., Rm. 540  
Chicago, IL 60604

ComEd  
Attn: System Credit/BK Dept  
2100 Swift Dr.  
Oak Brook, IL 60523

Consultants in Clinical Path.  
Bankruptcy Department  
37415 Eagle Way  
Chicago, IL 60678-1374

CPS Auto Trust  
PO Box 98720  
Phoenix, AZ 85038

David Axelrod & Associates  
1448 Old Skokie Rd.  
Highland Park, IL 60035

Doubleday Health Book Club  
Attn: Bankruptcy Department  
6550 E. 30th St.  
Indianapolis, IN 46206

Evergreen Anesthesia  
Bankruptcy Department  
185 Penny Ave.  
East Dundee, IL 60118

Evergreen Emergency Services  
Bankruptcy Department  
PO Box 428080  
Evergreen Park, IL 60805



Evergreen Financial  
6547 N. Avondale  
#301A  
Chicago, IL

Gerald Cahill M.D  
2800 W. 87th St  
Chicago, IL 60652

Harvard Collection Services  
Bankruptcy Department  
4839 N. Elston Ave.  
Chicago, IL 60630

Illinois Department of Human Servic  
915 E 63d Street  
Chicago, IL

Illinois Dept of Emp. Security  
Bankruptcy Unit  
401 S. State St. 3rd Floor  
Chicago, IL 60605

Jewel Osco/US Bank NA, ND  
Attn: Bankruptcy Department  
PO Box 6345  
Fargo, ND 58125-6345

KiDanu Birhanu, MD  
2800 W. 87th St.  
Chicago, IL 60652

Lake Imaging, Inc.  
PO 1370  
Hinsdale, IL 60522

Linebarger Goggan Blair & Sampson  
PO Box 06152  
Chicago, IL 60606-0152

Little Company of Mary Hosp.  
Bankruptcy Department  
2800 W. 95th St.  
Evergreen Park, IL 60642

M.H. Cohn  
PO Box 636  
Morton Grove, IL 60053

Malcolm S. Gerald and Assoc.  
Bankruptcy Department  
332 S. Michigan Ave.  
Chicago, IL 60604

MCI  
Attn: Bankruptcy Dept.  
PO Box 7850  
Baldwin Park, CA 91706

Medical Collections System  
Bankruptcy Department  
725 S. Wells St., Ste. 700  
Chicago, IL 60607-4521

Mutual Hospital Services  
Attn: Bankruptcy Dept.  
2525 N. Shadeland Ave.  
Indianapolis, IN 46219

North Shore Agency  
Bankruptcy Department  
PO Box 8999  
Westbury, NY 11590-8999

Plains Commerce Bank  
Bankruptcy Department  
3401 N. Louise Ave.  
Sioux Falls, SD 57107-0175

Pulmonary Specialist  
Attn: Bankruptcy Department  
1600 South Lake Park Avenue  
Hobart, IN 46342

Radiology Imaging Consultants  
Bankruptcy Department  
PO Box 1886  
Harvey, IL 60426

Radiology Imaging Specialists  
Bankruptcy Department  
6910 S. Madison St.  
Willowbrook, IL 60527

Robert J. Adams & Associates  
125 S. Clark  
Ste 1810  
Chicago, IL 60603

S & C Credit Union  
6601 Northridge Blvd.  
Chicago, IL 60626

St. Clare Medical Center  
Attn: Bankruptcy Department  
1710 Lafayette Rd.  
Crawfordsville, IN 47933

St. Margaret Mercy  
Bankruptcy Department  
24 E. Joliet St.  
Dyer, IN 46311

US Auto Title Lenders  
Bankruptcy Department  
3578 W. 95th St.  
Evergreen Park, IL 60805-2107

Van Ru Credit Corp  
Bankruptcy Dept.  
150 S. Sunnyslope  
Brookfield, WI 53005

Village of Lynwood Water Dept.  
21460 Lincoln Hwy  
Lynwood, IL 60411

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re Blair Lamont Smith  
Yvonne Natasha Anderson-Smith Debtor(s) Case No. \_\_\_\_\_  
Chapter 13

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: 42

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: 10/8/04



Blair Lamont Smith

Signature of Debtor

Date: 10/8/04



Yvonne Natasha Anderson-Smith

Signature of Debtor